



Attorney Docket N . A2375-US-NP
XERZ 2 00881

fee
only

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Wu et al.
Application No.: 10/646,389
Confirmation No.: 4880
Filed: August 22, 2003
Examiner: Erik J. Kielin
Art Unit: 2813
Last Office Action: November 24, 2004
Title: **SEMICONDUCTOR
POLYMERS AND
DEVICES THEREOF**

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 14, 2005.

January 14, 2005
(Date of deposit)

Lynda S. Kalembe

(Signature)

January 14, 2005
Date of Signature

02/02/2005 DBELL1 00000004 240037 10646389

AMENDMENT

01 FC:1202 150.00 DA
02 FC:1201 200.00 DA

Dear Sir:

In response to the Office Action mailed November 24, 2004 in the above-identified patent application, Applicants submit the following reply.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 18 of this paper.

REMARKS

This is in reply to the Examiner's detailed election/restriction request set forth in the Office Action dated November 24, 2004. With respect to the Examiner's election of species request, Applicant's elect, pursuant to MPEP § 809.02(a), examination of the species of the invention set forth in Example 1. This concerns the thienylene-arylene polymer (2). As a result Applicant's elect from the Examiner's listing of possible groups of distinct species the following:

- A-1, with the number 2,
- B-1, with the number 1,
- C-2, with the number 2; and,
- D-1.

Furthermore, claims 24-29 and 32-45 have been withdrawn (with traverse) to simplify the examination process. Hence, no election is required for groups E-H.

Additionally, please note that claim 1 is generic. Although claim 45 has been withdrawn without prejudice, claims 46-48 have been added. Claim 46 is also believed to be generic.

Withdrawal of the rejections and issuance of a Notice of Allowance is requested.

In the event the Examiner considers personal contact advantageous to the disposition of this case, he is hereby authorized to call Richard M. Klein, at telephone number 216-861-5582, Cleveland, OH.

It is believed that no fee is due in conjunction with this response. If, however, it is determined that fees are due, authorization is hereby given for deduction of those fees, other than the issue fees, from Deposit Account No. 24-0037.

Respectfully submitted,

FAY, SHARPE, FAGAN, MINNICH
& McKEE LLP



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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/646389

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	395.00
X\$ 9=	
X44=	
+150=	
TOTAL	

RATE	FEE
BASIC FEE	790.00
X\$18=	
X88=	
+300=	
TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	1/18/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	48	Minus	45 = 3
Independent	4	Minus	3 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN

RATE	ADDITIONAL FEE
X\$ 25	
X44=	
+150=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 50	
X88=	150
+300=	200
TOTAL	350

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X44=	
+150=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 18=	
X88=	
+300=	
TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X44=	
+150=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 18=	
X88=	
+300=	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.